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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/559,144			ling Date 03/2005	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY 🛛				HER THAN ALL ENTITY
_	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)
	BASIC FEE	\neg	N/A	LED INO	N/A		N/A	TEE (a)	ł	N/A	TEE (0)
┢	(37 CFR 1.16(a), (b), SEARCH FEF	or (c))	N/A						ł		
H	(37 CFR 1.16(k), (j), (N/A	_	N/A		N/A		l	N/A	
TO	(37 CFR 1.16(o), (p),		N/A	_	N/A		N/A		l	N/A	
(37	CFR 1.16(i))		minus 20 =		•		x \$ =		OR	x s =	
	EPENDENT CLAIM CFR 1.16(h))		minus 3 = *			1	x \$ =			x s =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	If the specification and drawings sheets of paper, the application s is \$250 (\$125 for small entity) for additional 50 sheets or fraction th 35 U.S.C. 41(a)(1)(G) and 37 CF								
	MULTIPLE DEPEN	7 CFR 1.16(j))]			1					
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.								1	TOTAL	
APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3)							SMALL ENTITY			OTHER THAN OR SMALL ENTITY	
AMENDMENT	07/28/2010	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1 16(1))	• 20	Minus	·· 20	= 0	1	X \$26 =	0	OR	x \$ =	7
	Independent (37 CFR 1.16(h))	• 1	Minus	3	= 0	1	X \$110 =	0	OR	x s =	
	Application Size Fee (37 CFR 1.16(s))										
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)											
ENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16())		Minus			1	x \$ =		OR	x \$ =	
Š	Independent (37 CFR 1,16(h))		Minus	***]	x \$ =		OR	x s =	
AMENDMENT	Application Size Fee (37 CFR 1.16(s))]			1		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					1			OR		
									OR	TOTAL ADD'L FEE	
" If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.											

This collection of information is equated by 37 CER. 1.16. The information is required to obtain or retain a bearful by the public which his lost line face by the USFTO to monoceal an implication. Confidentially is governed by 80 Sec. 22 and 37 CEF 1.15. This collection is extensive the size of a window properties, and submitting the completed application form to the USFTO. Time well very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggescions for reducing this burdon, should be sent to the CEM information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionment of Patients of Commerce. P.O. Box 1450, Alexandrius, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionment of Commerce. P.O. Box 1450, Alexandrius, VA 2213-1450.